Reviewer’s report

Title: Association of lack of reproductive rights with depression among females. A hospital based case control study

Version: 2 Date: 1 June 2009

Reviewer: Madelyn Hsiao-Rei Hicks

Reviewer’s report:

This article, once revised, could be an important contribution to the currently limited literature on intimate partner violence, in-law abuse, lack of reproductive rights, and the association of these experiences with depression in women living in Pakistan. The full value of the paper, however, can be better assessed once the authors provide the additional information requested in the suggested revisions. I very much hope that the authors will undertake revision of this promising paper.

Major Compulsory Revisions

1. Introduction, First paragraph: This needs more background from the literature that is relevant to your study. Here are some possibilities for addressing this:
   a. For the first paragraph, you might draw upon this report that builds upon the Cairo conference that you cite (Your Citation 1). It has developed concepts further and it puts the Cairo statements into more direct language and policy (useful for your Recommendations, as well):
   b. You need to include in your Introduction, with citations, support for anything you state in your Abstract Background.
   c. A statement about the situation in Pakistan for women’s reproductive rights would be good (more than what your write about marital rape). As always, provide relevant citations.

2. Introduction, 2nd paragraph:
   a. This paragraph is insufficient and needs to be expanded. I do not think that you can say “Many” with what you have currently. But, for example, you could end the sentence at, “…with certain reproductive rights.” Then you could continue, as in this hypothetical example, “Young age at marriage, which tends to be initiated by older relatives regarding girls or teenagers who have less legal and social power (or self-determination – it’s just an idea), has been found to be associated with higher depression scores in …” and then describe the specific studies. And so on.
   b. The citations should be improved.
      i. Citation 2 does give evidence for low marital age.
ii. Citation 3 does not provide any findings to support its use here and should be removed. Please double-check that anything you cite is correctly cited.

iii. Citation 4 does address marital rape, as does your Citation 20 which could be added here.

c. Since your study is of reproductive rights and depression, you need to search for studies of other, additional forms of reproductive rights in addition to age at marriage and marital rape. For example, are women who have forced abortions, or no control in contraception, more depressed?

i. I see that your Citation 20 paper mentions studies of refusal to use condoms or refusal to use contraception (its citations 30 and 33), and you could look these up to see if they studied associations with depression.

ii. I advise that you are very careful about citing low ‘sexual satisfaction’ as an indicator of lack of reproductive rights in this paper because your study is examining depressed cases, and decreased sexual satisfaction is a common symptom of depression, which is often increased by sexual, physical and emotional violence. Because low libido is so likely an outcome of depression, I would not get into ‘sexual satisfaction’ in the Introduction. Partner violence has also been related to gynaecological problems in the woman (e.g. STDs, pelvic pain) and to extramarital affairs by the husband; two more possible reasons for lower ‘sexual satisfaction’ in the woman and more reason not to over-state it as a marker of reproductive rights.

d. Some additional citations:

i. You need to examine and describe the findings of an additional paper on low marital age found associated with depression in Pakistani women: Fikree FF, Bhatti LI. 1999. ‘Domestic violence and health of Pakistani women’, International Journal of Gynecology & Obstetrics, 65: 195-201. They also found depression associated with severity of physical abuse by husband, which needs to be mentioned.

ii. You should read through the WHO report of your Citation 5 and cite it here. (It’s a rich resource for much of your paper). For example, on pages 59-62, it describes how women with physical violence, or sexual violence, or both, had higher SRQ scores, were more likely to have thought of suicide, and were more likely to have attempted suicide.

3. Introduction, 3rd paragraph on Marital Rape:

a. 1st Sentence - Defining ‘marital rape’: The term “sexual activity” has a meaning in English that is too vague for the relatively severe form of sex that is ‘marital rape’. For most English speakers, ‘marital rape’ would be defined more by ‘forced sex’ or ‘non-consensual sexual intercourse’ by a spouse. Also, you need a citation to support your definition. Please define with a citation. You could consider looking at your Citation 20 for ideas, or your WHO Citation 5 (page 14).

b. Suggest that you look at page xiii of WHO Citation 5 to follow with a statement on the prevalence of sexual violence by partners in different countries, and the overlap with physical violence. Whenever giving prevalence, specify the time
frame (e.g. lifetime?)

c. 2nd Sentence: “Data” is plural, so please change “data has” to “data have”. Also, you might want to specify ‘...who have been physically or sexually abused by any perpetrator’ rather than just ‘abused’.

d. 3rd Sentence: Please be careful when you cite, and correct this sentence. If you look at page xiv of Citation 5, or later on, you’ll see that their finding of 10-20% that you cite applies only to “the provinces of Bangladesh, Ethiopia, Peru, and the United Republic of Tanzania, and Samoa – not to all the countries studied.

e. Citation to add (although it is a convenience sample, it should be described due to the very high rate of marital rape reported by Pakistani men, to the extent that it was “a norm”): Masood Ali Shaikh. 2000. Domestic violence against women – perspective from Pakistan. J Pak Med Assoc, 50 (9): 312-314.

4. Introduction, last paragraph: After your 1st sentence, you should mention Fikree. You could say that Fikree examined age of marriage, but no other indicators of reproductive rights (as I recall, but check the paper yourself to make sure). Basically, you need to acknowledge that Pakistani study.

5. Introduction, Last sentence, Your Aim:

a. Please specify whether this was your original aim for which you developed the study, or whether this paper is a secondary analysis of data gathered for a different original aim (if so, describe).

b. As I write below regarding the description of your aim in your Abstract: Your inclusion in the study of “verbal, emotional or physical abuse” by the husband and by the in-laws, and your used of “physical abuse by husband as a risk factor for depression” in your power calculation, instead of anything about reproductive rights (Methods) makes me wonder if you originally had the aim of examining for associations of domestic violence with depression as well, or primarily. If so, then you need to say so. Please see additional comments on Aim in Abstract below.

c. If your only aim was to examine reproductive rights, then I suggest you might refine the wording slightly to: “…among women in Pakistan in relation to different (or various) forms of reproductive rights…”

6. Methods:

a. It is essential that you add one or two paragraphs that describe how you assessed sociodemographic factors, abuse or violence by husband and in-laws, and reproductive rights.

i. You can simply state that your questionnaire included standard sociodemographic items.

ii. You say that your study is of ‘reproductive rights’, yet there is inclusion of domestic violence in the power analysis and the questionnaire. This makes sense to me because they are all expressions of gender inequality, and there is substantial overlap between them in many countries (as found in Citation 5), and
because ‘marital rape’ is both a form of domestic violence and a form of lack of reproductive rights. However, I think that you need to make a clear statement of why you include these various items in your study of reproductive rights and depression, with appropriate supporting citations.

iii. For your findings to be interpreted, it is essential that you provide a table or appendix that lists the actual wording of the individual items used to ask subjects about the different forms of violence, abuse, and reproductive rights that you cover.

iv. Make sure that you specify the timeframe of the abuse or rape or other relevant items (in her lifetime?, ever in the marriage? within 12 months?)

v. How did you define or identify marital rape, verbal, emotional or physical abuse based on subjects’ answers?

vi. If the question you asked women is not adequately specific to ‘marital rape’, then please use a more accurate term. Your Citation 5, page 31 is one good example of discussing sexual violence.

vii. State the sources of these items that you included, or did not include, and why. Did you just think them up yourself? Or did you translate items from other sources and pre-test them in the 30 pilot-test subjects? You mention in your Discussion that they were not validated in a Pakistani population. Were they validated anywhere or used in any other study? This all needs to be stated here. You need to present your questionnaire items and your theoretical basis for including them in the study and for phrasing them the way you did.

viii. In your Discussion, you write that the tools used to measure verbal, emotional and physical abuse consisted of three items. Does this mean one item for each type of abuse? (This can be made clear in your appendix or table.) If so, I think in your analysis, you should separate the results for the three different types of abuse/violence. If not, then please give a good reason why you decided it is best to analyze them together. This could have an impact on the statistical analysis of your methods and your results. (You could analyze them separately, and together).

ix. It appears that 3 items would not allow an analysis of severity of domestic violence, which has found to be a significant factor in depression. But if you actually do have the data to analyze for severity of violence (rather than just presence or absence of abuse or violence), then please do this since it could affect your results and final model.

x. Were subjects administered a questionnaire with these items before or after filling out the SRQ?

Minor Essential Revisions

1. Abstract:
a. Background: I suggest that you take out any statements that you are not going to expand on, and support with citations, in your Introduction. For example, remove “Women suffer disproportionately from depression as they are more under privileged than men. This gender inequality makes women more prone to depression.” Although this seems highly likely, it would require that you add to your Introduction a substantial paragraph with supporting citations of actual studies that prove exactly what you write – that ‘gender inequality’ is a causal risk factor for depression. Causality is hard to prove in studies, and searching for such studies might be wasted effort since ‘gender inequality’ is a wider topic that goes beyond this particular paper. It would be better to simplify and stay more focused. You might make these points instead (only a possible, rough example here): “Women in many developing countries, including Pakistan, have a high prevalence of depression (and expand on this with supporting citations in your Introduction). International studies show that domestic violence and lack of reproductive rights, which are both markers of gender inequality, can be associated with depressive disorders in women, but studies in Pakistani women have been limited.

b. Aims:

i. I think it is better if you avoid writing as though ‘reproductive rights’ is one complete package, which you either have or not, since you did not analyze reproductive rights that way in your study and your final model suggested that not all reproductive rights affected depression. Because of the various types of reproductive rights you examine, and your inclusion of in-law abuse as another factor, you could consider describing your aim in a slightly more detailed way.

ii. Also, your inclusion of partner violence in the questionnaire, and as the primary consideration in your power calculation (instead of reproductive rights), makes me wonder if you originally had the aim of examining for an association of domestic violence with depression as well, or even primarily. If so, then you should say so.

iii. If it were indeed your original aim, you could write, for example, “To determine the association of depression with markers of gender inequality including domestic violence, abuse by in-laws, and lack of various reproductive rights.” In this case, you would need to include in your Introduction a paragraph or several sentences with citations that describes the links or overlaps between these different forms of gender inequality. The citations you already use, with some I’ve mentioned in the review give many examples of how these problems often occur together for women.

c. Methods:

i. Here, and also in the first paragraph of Methods, please give the actual dates, e.g. “from June 1, 2007 through July 30, 2007.” Your use of “till August” sounds slightly informal and indicates that recruitment lasted through the last day of July.

ii. 2nd sentence: Based on your text, it seems more accurate to write something like, “The SRQ was administered to all subjects. A cut-off score of 8 was used to confirm cases of depression diagnosed by physicians, and to exclude cases of
depression from the controls.” Please write whatever would be most accurate. (Note: As I discuss regarding the Methods, unless you clarify how doctors applied the DSM IV criteria systematically, this part of the Method is not clear.)

iii. 3rd sentence: Suggest “A self-administered questionnaire”, not “Self administered”. Also, you need to specify “was used to assess exposure to what...?”

d. Results: Specify “95% CI”.

e. Conclusions:
i. You need to rewrite your conclusion to reflect your finding that some reproductive rights were associated with depression and some were not. That is, point out specifically was found to be important and how those could be addressed. It is too general and so does not match your findings. Don’t forget to include the in-law abuse, as it shows that women’s rights are affected by a family dynamic that extends beyond the marital relationship. As a discretionary note, I suggest that you do not emphasize the ‘hours spent with husband’ or ‘sex frequency’ findings here for reasons that I give regarding your Discussion.

2. Introduction, First sentence:
a. Please correct language to: “Reproductive rights rest on “the basic right of...”.

This will match the sources and the language is correct.

3. Methods:
a. 2nd paragraph: Was Tinker (citation 16) the original study finding the 50% prevalence for physical abuse? If not, please cite instead the original source.

b. 3rd paragraph, RE: “diagnosed as suffering with depression by psychiatrist or family physician according to DSM IV criteria”:
i. How exactly, do you know, or did your ensure as part of your methods, that the doctor used DSM IV criteria as the basis of diagnosis? If you are assuming that these doctors based their diagnosis on the criteria, then you cannot say this, and should say instead, “...based on an unstandardised clinical diagnosis of depression by the psychiatrist or family physician”. If you provided all doctors a list of the criteria and asked them to base their diagnoses on this, then say so. You just need to be clear how these doctors actually made the diagnosis.

ii. You need the citation for the SRQ when you mention it here. This is:


c. 4th paragraph:
i. State the age range of controls (same as cases?).

ii. It appears that controls were recruited as a convenience sample, rather than consecutively as the cases were. Please clarify.

d. 6th paragraph:
i. As requested for 3rd paragraph above, clarify how DSM IV criteria were ensured, if they were, as the basis of the doctor’s clinical diagnosis.

ii. When you mention the SRQ here, again give its citation. Also please insert more information on what the SRQ does – e.g. it was developed by WHO as a screening tool for mental disorder, especially for use in developing countries. (See page 3 of the WHO SRQ citation at its website: http://whqlibdoc.who.int/hq/1994/WHO_MNH_PSF_94.8.pdf). Also, page 59 of your Citation 5, which also used the SRQ, may be useful.

iii. When you give the sensitivity etc from Citation 18, specify what population this was in (primary care? Europeans women?).

iv. Suggest you follow this with the sentence in 7th paragraph, which draws on Citation 19 and says that the SRQ has been validated in the Pakistani population. And give a little more detail about its sensitivity, or other validity findings in this population.

e. 7th paragraph:

i. The approval by the Ethics Committee should be moved to earlier in Methods, e.g. to the very beginning of the 3rd paragraph before you describe recruitment.

ii. Move the sentences on informed consent, verbal consent, and written consent also to the 3rd paragraph, after the ethical approval statement.

iii. RE “verbal consent taken by the physicians”: I wonder if this was not actually verbal “consent” to the study, unless all the doctors actually gave full information on the study aims, and potential risks and benefits. It seems more likely that in most clinical settings, a doctor might indeed ask the patient whether she agreed to be referred to the research team, and then it is the research team that obtains actual “informed consent” (written informed consent, in your case). In fact, it seems that having consent obtained by researchers rather than the patient’s own doctor would be preferable because the patient would feel less pressure to participate (a patient might fear the doctor would stop providing care unless she ‘consented’ to the doctor’s request). Please clarify at what stage true “informed consent” was obtained.

iv. The remaining sentences of this paragraph could be integrated into the 6th paragraph.

f. Paragraphs on statistical procedures:

i. I think that a statistician would be better qualified to check this part of the methods.

ii. I do ask that you clarify “Confounding status was also checked before removing any variable from the model.” I am not clear whether this was “checked” using a statistical method, or based on your assessment of the literature. Please clarify. Confounding is an issue since so many of the violence, abuse and reproductive rights problems overlap in the situation of gender inequality, and all have been found to affect depression.

4. Results:
a. The figure you provide showing cases and controls is very helpful and clear at the beginning of your results. I suggest that you label it Figure 1 and say in your text, “Results of recruitment are shown in Figure 1.”

b. Then the statements in the last paragraph of your Discussion that the response rate was 96%, and that 100% of all participants answered all the questions, need to be moved here into the first paragraph of your Results.

c. Please edit the writing in your Results so that there are not any one-sentence ‘paragraphs’, and so that all statements are precise and correct.

i. For example, suggest saying more carefully, “Table 1 shows ...” Table 2 shows...

ii. You write that the final logistic regression model is in Table 2, but it is not. It is in Table 3. Table 2 shows something else.

iii. The language of the next-to-last paragraph should be written more carefully to be clear.

d. Suggest that you state some of your most interesting or important descriptive findings from Tables 1 and 2 in your text here.

e. One reason that I suggested earlier that you separate out your different forms of emotional, verbal, and physical abuse in your analysis is so that you can give more informative findings on their prevalence. This would also allow comparison to your prevalence findings for marital rape, and to the Citation 5 findings on the degree of co-existence of physical and sexual violence in different countries later in your Discussion.

f. When giving results on your final model, also state what reproductive rights were not significant in your final model as factors in depression.

g. Last sentence: Please add a statement of the meaning of your statistical findings that, “There was no interaction found in the model. The Hosmer Lenshow test for the final model was (etc.)” What does this mean in practical terms for interpreting your results, for those who are less able in statistics?

5. Discussion:

a. I think that you should consider the possibility of beginning your Discussion with an observation (from your descriptive findings) that women in your sample generally showed concerning, high prevalence rates of abuse or violence, marital rape, and lack of a wide range of reproductive rights. (This particular suggestion is discretionary.)

b. Refine the statements in your first paragraph to avoid over-generalization. You do not actually show so completely that, “Our findings suggest that lack of reproductive rights could be an important determinant of depression among women of reproductive age in the population surveyed.” However, you do show that lack of some reproductive rights (early age of marriage, parents deciding marriage, marital rape) and the presence of in-law abuse, are associated with increased risk for depression among Pakistani women of reproductive age. You also seem to show that lack of other reproductive rights were not associated with
depression.

c. I think that you do not give enough of a basis for your assumption that “fewer hours spent per day with husband” and “lower frequency of sexual intercourse with husband” are actually reflections of lack of freedom or reproductive rights. You do not know why these things are happening and there is no supporting literature to support your specific assumption. This can be discussed as one of a variety of possibilities a little later in the Discussion.

d. Please integrate your first four paragraphs somewhat so that you do not have two-sentence paragraphs.

e. 2nd paragraph: As mentioned above, you need to acknowledge that Fikree did describe the association between early marital age and depression in Pakistani women. So you cannot write, “Other associations have never been studied...” Basically, you could be more specific about what reproductive right associations have never been studied in Pakistan.

f. Access to appropriate healthcare is also a reproductive right, but one that your study did not measure in the questionnaire. You should note that this in your discussion. Possible useful sources on access to care as a right:


g. 6th paragraph RE Discuss your findings that “fewer hours spent per day with husband” and “lower frequency of sexual intercourse with husband” were associated with depression in your final model:

i. I strongly suggest that you remove the Citations 25-28, and the first four sentences. They seem weak speculation compared to your other findings, precisely because of what you state in your last two sentences here.

ii. Instead, expand somewhat on your last two sentences.

iii. You might discuss what further research could shed light on this question.

iv. Your final model made me think of a possible scenario in which a woman lives with abusive in-laws, her husband lives and works elsewhere part of the time (contributing to less time spent with husband and lower frequency of sexual intercourse), but when he is home she is forced to have sex with him (marital rape). In other words, qualitative or other research on the social context of these women would be needed to shed more light on why you got the results you did. If your team has more insights on social or cultural aspects that could be coming into play here, they would be good to discuss.

v. Another possibility is that lower frequency of sexual intercourse is related to increased gynaecological problems in women who have been martially raped (See your Citation 20, p 1332, and Citation 5, page 57, for associations between forced sex by partner and gynaecological problems).

h. Your 7th paragraph on marital rape needs to be expanded, with citations of studies on associations between forced sex by partner and depression (Including
i. You need to add Discussion somewhere of your unusual finding, in your final model, of no association between intimate partner violence and depression. Examples: This should be put in the context of the extensive literature finding a strong association between these two experiences. Could a possibility be that the way you measured or analyzed ‘emotional, verbal or physical abuse by husband’ affected your findings? Severity of domestic violence is a factor in depression. Could lack of separation in your analysis between mild and moderate or severe violence have diluted a possibly significant effect of severe violence by the husband? Maybe ‘marital rape’ is associated with severe physical violence by husband in your sample. Describing the prevalence of overlap between physical and sexual violence by husband could be useful to shed light on this question, and it would allow comparison with the findings of Citation 5. Describing the limitations of this study and what further research is needed for this issue would be appropriate here.

j. You need to add a Discussion of the limitation that a cross-sectional study such as your own cannot establish causality (you start to address this when you mention the ‘temporal relationship’, but you need more.) Your Citation 5, page 61, and page 63 are good examples of this discussion.

k. RE your paragraph beginning, “Finally, 19% of the potential controls screened positive for depression...This reflects that women in our population do not even know that they are suffering from depression”.

i. This is not a correct conclusion. You do not have information on whether they know they have depression or not. You do have information that they were not seeing a psychiatrist or family doctor for depression, i.e. they were not receiving treatment, or accessing the healthcare system, for depression. This is an equally important and more accurate statement. It could be that they know, but there are barriers to accessing care for these women (stigma, expense, time, lack of family support to seek care...) It could be that their depression was milder, which those that were seeing a doctor had more severe depression.

6. Conclusion and Recommendations:
   a. Conclusion:
      i. It is too general and short. You need to be more specific regarding your most important main findings.
      ii. The last sentence in your current conclusion:
         1. Since your study found that lack of autonomy in reproductive matters (contraception, family planning) was not associated with depression, don’t base this statement on what other people found in their studies. Instead, be more specific to what you found (e.g. young age and parents deciding, marital rape) and mention the role of in-law abuse.
         2. The term “pretty high” is too informal. You could write “substantial” or high, etc.
      iii. I also suggest that you mention the forms of abuse or lack of rights that had
high prevalence in depressed women, which suggests that doctors should be screening for this and explore other implications for recommendations or policy. Similarly, it would be good to identify problems that had high prevalence in the controls as well, as this suggests that the problem is more general to women and warrants further research, intervention, social change, or policy.

b. Since you wrote in your Introduction that your Aim was: “This study intends to identify factors associated with high burden of depression among women in relation to their reproductive rights, and to indicate measures which may have policy implications for decreasing the burden of disease.” You must expand your Recommendations to actually go into policy implications more specifically. It seems that you could suggest some practical ideas but would also need to draw on the literature. You might find these sources helpful for policy ideas regarding reproductive rights, in addition to re-examining your current citations:

c. Your Citation 5, p 91 onward.
e. This WHO site on reproductive rights and health: http://who.int/reproductive-health/gender/hrtools.html
h. http://www.irw.org/pakistan/womenshealth

7. Table 1:
a. Age: Give age range, e.g. 15-25, 41-48
b. Spelling: “Ethnicity”
c. “Family History” of What?
d. Specify time frame of abuse by husband and by in-laws.
e. I suggested earlier that you give the separate descriptive and univariate statistics for ‘emotional’, ‘verbal’ and ‘physical’ abuse, but this is optional.

8. Table 2:
a. Age at marriage: give range here on in Results text.
b. Marital rape: give time frame. (ever?)

9. References:
a. Citation 4: You have reversed the first name (Jacqueline) and last names of authors. This needs to be corrected.
b. Citation 6: Wikipedia is not really accepted in academic circles as a reliable citation (although it is useful for exploring subjects). Please replace it with a more established source. You might consider looking into the WHO website on reproductive health (http://who.int/reproductive-health/gender/hrtools.html). An academic, legal, or established humanitarian organization source would be a
acceptable.
c. Citation 7: The Chowk 2007 part of the citation is incomplete. Please see journal reference style.
d. Citation 30: you don’t need to list this again. It is the same as Citation 1, unless you have listed Citation 1 incorrectly.

Discretionary Revisions

1. Title, ‘Association of lack of reproductive rights with depression among women. A hospital based case control study’:
a. As I describe above, I think that “association of lack of reproductive rights with depression” may be an over-generalization, since you found in your final model that some reproductive rights were associated with depression, yet some were not. Alternatively, you could phrase it in terms of ‘lack of various reproductive rights’.
b. Also, your current title under-values the other interesting information that you could highlight, if you wish: For example, prevalence of domestic violence (by husband and in-laws), prevalence of different reproductive rights, marital rape, and it does not alert interested readers that the study is of Pakistani women. You might consider changing the title to widen its focus and to create more balance. For example, something like, ‘Domestic violence, lack of reproductive rights, and depression in women in Pakistan: A hospital-based control study.’ Or, you might drop ‘A hospital-based control study, since that will be in your abstract, and use the extra room to include ‘in-law abuse’ or more compelling language.

2. Abstract, Results:
a. I think that many readers would be very interested to see a few of your results on prevalence: ‘verbal, emotional or physical abuse’ by husband, by in-laws, of marriage decision by parents, of age under 18 at marriage and of marital rape. If you include any of these, you must specify the time-frame of the abuse and rape (lifetime? past year?).
b. I think that you do need a line at the end to list reproductive rights that were not associated with depression. This is an informative negative finding.

3. Introduction, last paragraph, 1st sentence: Suggest you consider:
a. “...common in Pakistani women...”
b. “...there is no study done in Pakistan which investigates the relationship of multiple forms of reproductive rights of women with depression.” (pointing out that you ask about multiple repro rights, while Fikree did not, I think.)

4. Introduction, last paragraph, 2nd sentence:
a. Suggest you consider: “...is particularly important in Pakistan’s context because...”
b. And that you say how women do not have control over their own reproduction – in what ways do they not? Some readers internationally will have no idea and
need you to tell them. Legal rules? Social and cultural standards? Religious rules? You gave the example of no law against marital rape, but other repro rights should be addressed.

5. Methods:
   a. 5th paragraph: Suggest consider rephrasing to: “A history of any co-morbid disease was an exclusion criterion for both cases and controls (your list).” Then suggest, “Also excluded were women who were on any medication except micronutrients, and women who were pregnant, postpartum up to 4 weeks post-delivery, or post-menopausal.”

6. Discussion:
   a. RE your paragraph beginning, “This is the first study on...” I suggest that you rephrase to say “This is the first study to examine for the association of women’s depression with a spectrum (or variety) of inadequate reproductive rights and forms of abuse by family members in the patriarchal Pakistani society...”
   i. I suggest that you consider moving this statement to be the very first sentence in your Discussion.

7. Discussion:
   a. It would be good to discuss your descriptive prevalence findings and their implications. For example, regarding the high prevalence of marital rape, your Citation 5, page 31 is a good example of discussing sexual violence.

8. Discussion:
   a. Later in your Discussion, you have a number of very short paragraphs describing some limitations (e.g. “difficult to establish a temporal relationship...”selection bias...etc.) I suggest that you gather these into one paragraph that begins, “Our study and its findings are subject to a number of limitations.” Then list them and discuss. In this review, I bring up a number of other limitations that should be mentioned here, depending on how you address them in your revision.

9. Some sources that you might find useful (especially for links between partner violence and depression, and partner violence and reproductive issues):
   d. Masood Ali Shaikh. Domestic violence against women – perspective from


**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.